

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 246134US3DIV
		First Inventor or Application Identifier Kunihara HAMAZAKI
Title	PROTECTIVE TOOL FOR THERAPEUTIC MATERIAL DELIVERY DEVICE, CARTRIDGE FOR THERAPEUTIC MATERIAL DELIVERY DEVICE, AND A THERAPEUTIC MATERIAL DELIVERY DEVICE	

031088 U.S.PTO
10/727554
120503

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification	Total Sheets <input type="text" value="55"/>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets <input type="text" value="21"/>	8. <input checked="" type="checkbox"/> Application Data Sheet. (2pgs) See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages <input type="text" value="3"/>	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 (1pg) <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S)		12. <input checked="" type="checkbox"/> Preliminary Amendment
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)		16. <input checked="" type="checkbox"/> Other: Request for Priority Petition Under 37 C.F.R. §1.48(b)
b. Specification or Sequence Listing on :		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.: 10/013,366

Prior application information: Examiner: Nikita R. Veniaminov Group Art Unit: 3736

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

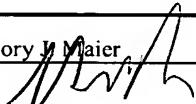
18. CORRESPONDENCE ADDRESS

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Docket No. 246134US3DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kunihara HAMAZAKI

SERIAL NO: New Divisional Application

FILING DATE: Herewith

FOR: PROTECTIVE TOOL FOR THERAPEUTIC MATERIAL DELIVERY DEVICE, CARTRIDGE FOR THERAPEUTIC MATERIAL DELIVERY DEVICE, AND A THERAPEUTIC MATERIAL DELIVERY DEVICE

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	23 - 20 =	3	x \$18 =	\$54.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$86 =	\$0.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$290.00
<input checked="" type="checkbox"/> PETITION UNDER 37 C.F.R. §1.48(b)			+ \$130 =	\$130.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,244.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,244.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$0.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$1,244.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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